24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Future45	C C00574533
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee DDC	Date of Public Distribution/Dissemination
	10 23 Y Y Y Y Y Y
Mailing Address 805 15th Street, NW	Amount
Suite 300	Amount
City State Zip Code	800000.00
Washington DC 20005	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	10
Name of Federal Candidate Support Offic	e Sought: House District:
Clinton Hillary	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
	oursement For: Primary General
Per Election for Office Sought	Other (specify)
	Outer (specify) =
(a) SUBTOTAL of Itemized Independent Expenditures	800000.00
, and the second se	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	800000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	10 24 2016
Signature	